

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021901

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: ARTRAGEOUS ENTERPRISES, INC.

## Current Principal Place of Business:

834 LANATANA AVE  
CLEARWATER BEACH, FL 33767

## New Principal Place of Business:

## Current Mailing Address:

834 LANATANA AVE  
CLEARWATER BEACH, FL 33767

## New Mailing Address:

FEI Number: 20-0628922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATTERSON, KIMBERLY D  
834 LANATANA AVE  
CLEARWATER BEACH, FL 33767      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURT, JULES  
Address: 3209 PINE CLUB DR  
City-St-Zip: PLANT CITY, FL 3356

Title: V ( ) Delete  
Name: GOULDE, JASON  
Address: 2035 PHILIPPE PKWY APT 98  
City-St-Zip: SAFETY HARBOR, FL 33695

Title: S ( ) Delete  
Name: HAMILTON, VANCE H  
Address: 602 E ALEXANDER ST #811  
City-St-Zip: PLANT CITY, FL 33563

Title: T ( ) Delete  
Name: PATTERSON, KIMBERLY D  
Address: 834 LANATANA AVE  
City-St-Zip: CLEARWATER BEACH, FL 33767

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PATTERSON, KIMBERLY D  
Address: 834 LANTANA AVE  
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PATTERSON, KIMBERLY D  
Address: 834 LANTANA AVE  
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY D. PATTERSON

P

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date